

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1.
 - a. Whether there should be additional reimbursement for date of service 04/09/02?
 - b. The request was received on 06/13/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC-60
 - b. HCFAs
 - c. EOBs
 - d. Prescription and Certification of Medical Necessity dated 03/25/02
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC-60 and Response to a Request for Dispute Resolution
 - b. EOBs
 - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g)(3), the Division forwarded a copy of the requestor's 14-day response to the insurance carrier on 07/19/02. Per Rule 133.307 (g)(4), the carrier representative signed for the copy on 07/22/02. The response from the insurance carrier was received in the Division on 08/02/02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Letter Requesting Additional Information is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: none submitted
2. Respondent: letter dated 08/02/02
"Carrier has paid a portion of the charges in full and reduced other charges to a fair and reasoanble[sic] reimbursment [sic]. The Medical Fee Guidelines in effect for this date of service do not provide specific maximum allowable reimbursements for these items."

IV. FINDINGS

1. Based on Commission Rule 133.307(d)(1&2), the only date of service eligible for review is 04/09/02.
2. The carrier's EOBs have the denial "F – REDUCED ACCORDING TO FEE GUIDELINES."
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	HCPS CODE	BILLED	PAID	EOB Denial Codes	MARS	REFERENCE	RATIONALE:
04/09/02	E0236 Water - circulating unit	\$494.00	\$380.76	F	DOP	MFG, DMEGR (IX)(C)	Per the referenced DME Ground Rule, "A fair and reasonable reimbursement shall be the same as the fees set for the 'D' codes in the 1991 Medical Fee Guideline." Based on the 1991 Medical Fee Guideline 'D' codes, fair and reasonable reimbursement for the water-circulating unit (D0368) is \$490.20 and \$42.50 is fair and reasonable reimbursement for the crutches (D0611). This totals \$532.70. The carrier has reimbursed \$412.26 to date for the items in dispute. Therefore, additional reimbursement of \$120.44 is recommended.
04/09/02	E0114 Crutches	\$110.00	\$31.50	F	DOP		
Totals		\$604.00	\$412.26				The Requestor is entitled to additional reimbursement of \$120.44.

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$120.44 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 19th day of November 2002.

Larry Beckham
Medical Dispute Resolution Officer
Medical Review Division